

**AMENDMENTS TO THE CLAIMS:**

This listing of claims will replace all prior versions and listings of claims in the application:

1. (Currently Amended) A method of treating a patient, comprising the steps of:

transluminally advancing a prosthesis in a first configuration into ~~[[the]]~~ a coronary sinus;

manipulating the prosthesis to a second configuration different from the first configuration to exert a compressive force on the mitral valve annulus;

monitoring hemodynamic function while the prosthesis is in the second configuration;

assessing mitral valve regurgitation in response to the monitoring step; and  
adjusting the prosthesis to a third configuration different from the second configuration in response to the assessing step.

2. (Previously Presented) The method as in claim 1, further comprising the step of percutaneously accessing the venous system prior to the transluminally advancing step.

3. (Currently Amended) The method as in claim 2, ~~wherein the~~  
~~accessing step is accomplished by~~ further comprising the step of accessing one of the internal jugular, subclavian or femoral veins.

4. (Previously Presented) The method as in claim 1, wherein the manipulating step comprises axially moving a forming element with respect to the prosthesis, to bend the prosthesis.

5. (Previously Presented) The method as in claim 1, wherein the transluminally advancing step is accomplished using a catheter.

6. (Previously Presented) The method as in claim 1, further comprising the step of locking the prosthesis to retain a compressive force on the annulus following the adjusting step.

7. (Previously Presented) The method as in claim 6, wherein the locking step comprises moving an engagement surface from a disengaged configuration to an engaged configuration.

8. (Previously Presented) The method as in claim 6, wherein the locking step comprises providing an interference fit.

9. (Previously Presented) The method as in claim 6, wherein the locking step comprises providing an adhesive bond.

10. (Previously Presented) The method as in claim 6, wherein the locking step comprises providing a knot.

11. (Previously Presented) The method as in claim 6, wherein the locking step comprises providing a compression fit.

12. (Previously Presented) The method as in claim 1, further comprising the steps of first measuring the coronary sinus and then selecting an appropriately sized prosthesis prior to the advancing step.

13. (Previously Presented) The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using transesophageal echo cardiography.

14. (Previously Presented) The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using surface echo cardiographic imaging.

15. (Previously Presented) The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using intracardiac echo cardiographic imaging.

16. (Previously Presented) The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using fluoroscopy with radiocontrast media.

17. (Previously Presented) The method as in claim 1, wherein the step of monitoring hemodynamic function is accomplished using left atrial or pulmonary capillary wedge pressure measurements.

18. (Previously Presented) The method as in claim 1, further comprising the step of determining an ongoing drug therapy taking into account post implantation hemodynamic function.

19. (Currently Amended) A method of remodeling a mitral valve annulus to reduce mitral valve regurgitation, comprising the steps of:

advancing an adjustable prosthesis in a first configuration ~~[[to]]~~ into a coronary sinus position adjacent the mitral valve annulus;

manipulating the prosthesis from the first configuration toward a second configuration for exerting a compressive force against the mitral valve annulus to reduce mitral valve regurgitation;

monitoring the degree of regurgitation while manipulating the prosthesis from the first configuration toward the second configuration;

assessing the degree of regurgitation in response to the monitoring step; and

fixing the prosthesis in the second configuration in response to the assessing step.

20. (Previously Presented) The method of remodeling a mitral valve annulus as in claim 19, wherein sufficient manipulating is performed to achieve at least a one grade reduction in regurgitation.

21. (Currently Amended) The method as in claim 19, further comprising the step of percutaneously accessing the venous system prior to the ~~transluminally-~~ advancing step.

22. (Currently Amended) The method as in claim 21, ~~wherein the~~ accessing step is accomplished by further comprising the step of accessing one of the internal jugular, subclavian or femoral veins.

23. (Previously Presented) The method as in claim 19, wherein the manipulating step comprises axially moving a forming element with respect to the prosthesis, to bend the prosthesis.

24. (Previously Presented) The method as in claim 19, further comprising the step of locking the prosthesis to retain a compressive force on the annulus following the manipulating step.

25. (Previously Presented) The method as in claim 24, wherein the locking step comprises moving an engagement surface from a disengaged configuration to an engaged configuration.

26. (Previously Presented) The method as in claim 24, wherein the locking step comprises providing an interference fit.

27. (Previously Presented) The method as in claim 24, wherein the locking step comprises providing an adhesive bond.

28. (Previously Presented) The method as in claim 24, wherein the locking step comprises providing a knot.

29. (Previously Presented) The method as in claim 24, wherein the locking step comprises providing a compression fit.

30. (Currently Amended) The method as in claim 19, further comprising the steps of first measuring the coronary sinus and then selecting an appropriately sized prosthesis prior to the ~~transluminally~~ advancing step.

31. (Previously Presented) The method as in claim 19, wherein the monitoring step is accomplished using transesophageal echo cardiography.

32. (Previously Presented) The method as in claim 19, wherein the monitoring step is accomplished using surface echo cardiographic imaging.

33. (Previously Presented) The method as in claim 19, wherein the monitoring step is accomplished using intracardiac echo cardiographic imaging.

34. (Previously Presented) The method as in claim 19, wherein the monitoring step is accomplished using fluoroscopy with radiocontrast media.

35. (Previously Presented) The method as in claim 19, wherein the monitoring step is accomplished using left atrial or pulmonary capillary wedge pressure measurements.

36. (Previously Presented) The method as in claim 19, further comprising the step of determining an ongoing drug therapy taking into account post implantation hemodynamic function.

37. (Previously Presented) The method as in claim 36, comprising measuring residual regurgitation following implantation and formulating an ongoing drug therapy taking into account the residual regurgitation.